

### **ENGROSSED HOUSE BILL No. 1336**

DIGEST OF HB 1336 (Updated February 25, 2014 10:07 am - DI 103)

Citations Affected: IC 10-19; IC 16-31.

**Synopsis:** EMS state medical director. Requires the executive director of the department of homeland security to appoint a state emergency medical services (EMS) medical director (EMS director) to oversee all medical aspects of the state EMS system. Sets forth qualifications and duties for the EMS medical director. Allows the emergency medical services commission to approve the appointment within 30 days.

Effective: July 1, 2014.

## Brown T, Frye R, Klinker, Forestal

(SENATE SPONSORS — MILLER PATRICIA, WYSS, MERRITT, CRIDER)

January 15, 2014, read first time and referred to Committee on Veterans Affairs and Public January 21, 2014, reported — Do Pass.
January 27, 2014, read second time, amended, ordered engrossed.
January 28, 2014, engrossed.
January 29, 2014, read third time, passed. Yeas 94, nays 0.

SENATE ACTION

February 4, 2014, read first time and referred to Committee on Homeland Security, Transportation and Veterans Affairs.

February 25, 2014, amended, reported favorably — Do Pass; reassigned to Committee on

Appropriations.
February 27, 2014, reported favorably — Do Pass.



Second Regular Session 118th General Assembly (2014)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2013 Regular Session and 2013 First Regular Technical Session of the General Assembly.

# ENGROSSED HOUSE BILL No. 1336

A BILL FOR AN ACT to amend the Indiana Code concerning public safety.

Be it enacted by the General Assembly of the State of Indiana:

1	SECTION 1. IC 10-19-7-5 IS ADDED TO THE INDIANA CODE
2	AS A <b>NEW</b> SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3	1, 2014]: Sec. 5. (a) For purposes of this section, "EMS" means
4	emergency medical services.
5	(b) For purposes of this section, "state EMS medical director"
6	refers to the state emergency medical services medical director
7	appointed under subsection (c).
8	(c) The executive director shall appoint an individual to serve as
9	the state emergency medical services medical director. The
10	individual must have the following qualifications:
11	(1) Thorough knowledge of state EMS laws and
12	administrative rules and regulations.
13	(2) At least five (5) years experience in the following:
14	(A) Medical direction of out of hospital EMS.
15	(B) Emergency department treatment of acutely ill and
16	injured patients.



1	(3) Significant experience and familiarity with the following:
2	(A) The design and operation of statewide EMS systems.
3	(B) Working with national and other state EMS
4	committees.
5	(4) At the time of the individual's appointment, has a valid
6	and unrestricted license to practice medicine in Indiana.
7	(5) Be certified by the American Board of Emergency
8	Medicine.
9	(6) Other areas of knowledge and expertise that the executive
10	director determines essential.
11	The state EMS medical director shall be an employee of the
12	department.
13	(d) The executive director shall submit the name of the
14	individual whom the executive director would like to appoint as
15	state EMS medical director to the Indiana emergency medical
16	services commission created by IC 16-31-2-1. The commission may,
17	by a majority of the members, vote not later than thirty (30) days
18	after the submission on whether to approve the appointment. If the
19	commission:
20	(1) does not take any action; or
21	(2) by a majority of the commission votes to approve the
22	appointment of the individual;
23	not later than thirty (30) days after, the appointment shall become
24	effective. If a majority of the commission votes not later than thirty
25	(30) days after the submission of the appointment to not approve
26	the appointment, the executive director shall restart the
27	appointment process and submit an alternative individual for
28	appointment.
29	(e) The state EMS medical director shall oversee all pre-hospital
30	aspects of the statewide EMS system, including the following:
31	(1) Medical components for systems of care that interface or
32	integrate with the statewide EMS system, including the
33	following:
34	(A) Statewide planning for trauma, burn, cardiac, and
35	stroke care.
36	(B) Domestic preparedness.
37	(C) EMS for children.
38	(2) For all levels of emergency responders, establishment of
39	the following:
40	(A) Statewide model guidelines and best practices for all
41	patient care activities to ensure delivery of medical care

consistent with professionally recognized standards.



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1	(B) A statewide EMS continuous quality improvement
2	program.
3	(C) A statewide EMS advocacy program.
4	(3) In cooperation with appropriate state and local agencies,
5	training and certification of all EMS providers.
6	(f) The state EMS medical director shall assist the executive
7	director on all issues related to statewide EMS, including the
8	following:
9	(1) Consulting with EMS medical directors.
10	(2) In consultation with the Indiana emergency medical
11	services commission created by IC 16-31-2-1, providing
12	guidance and assistance on the following matters:
13	(A) Scope of practice for EMS providers.
14	(B) Restrictions placed on EMS certifications.
15	(C) Appropriate corrective and disciplinary actions for
16	EMS personnel.
17	(D) Education and training on emerging issues in EMS.
18	(3) EMS system research.
19	(4) Coordination of all medical activities for disaster planning
20	and response.
21	(5) Improving quality of care, research, and injury prevention
22 23	programs.
23	SECTION 2. IC 16-31-2-8, AS AMENDED BY P.L.77-2012,
24	SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
25	JULY 1, 2014]: Sec. 8. The commission may do the following:
26	(1) Develop training and certification standards for emergency
27	medical responders under this article.
28	(2) Require emergency medical responders to be certified under
29	the standards developed under subdivision (1).
30	(3) Develop reciprocal certification training standards for
31	individuals who have received medical training by a branch of the
32	United States armed forces.
33	(4) Not later than thirty (30) days after the executive director
34	of the department of homeland security submits an
35	appointment for state emergency medical services medical
36	director to the commission, vote concerning whether to
37	approve the appointment in accordance with IC 10-19-7-5(d).
38	If the commission votes on the appointment in accordance
39	with IC 10-19-7-5(d), a vote by a majority of the members of
10	the commission is necessary under this subdivision in order to
<b>1</b> 1	approve or not approve the appointment.



### COMMITTEE REPORT

Mr. Speaker: Your Committee on Veterans Affairs and Public

Safety, to which was referred House Bill 1336, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

(Reference is to HB 1336 as introduced.)

Committee Vote: Yeas 12, Nays 0

Representative Frye R

### HOUSE MOTION

Mr. Speaker: I move that House Bill 1336 be amended to read as follows:

Page 2, line 12, after "(d)" insert "The executive director shall submit the name of the individual whom the executive director would like to appoint as state EMS director to the Indiana emergency medical services commission created by IC 16-31-2-1. The commission may, by a majority of the members, vote not later than thirty (30) days after the submission on whether to approve the appointment. If the commission:

- (1) does not take any action; or
- (2) by a majority of the commission votes to approve the appointment of the individual;

not later than thirty (30) days after, the appointment shall become effective. If a majority of the commission votes not later than thirty (30) days after the submission of the appointment to not approve the appointment, the executive director shall restart the appointment process and submit an alternative individual for appointment.

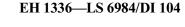
(e)".

Page 2, line 32, delete "(e)" and insert "(f)".

Page 3, after line 5, begin a new paragraph and insert:

"SECTION 2. IC 16-31-2-8, AS AMENDED BY P.L.77-2012, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 8. The commission may do the following:

- (1) Develop training and certification standards for emergency medical responders under this article.
- (2) Require emergency medical responders to be certified under the standards developed under subdivision (1).





- (3) Develop reciprocal certification training standards for individuals who have received medical training by a branch of the United States armed forces.
- (4) Not later than thirty (30) days after the executive director of the department of homeland security submits an appointment for state emergency medical services medical director to the commission, vote concerning whether to approve the appointment in accordance with IC 10-19-7-5(d). If the commission votes on the appointment in accordance with IC 10-19-7-5(d), a vote by a majority of the members of the commission is necessary under this subdivision in order to approve or not approve the appointment."

(Reference is to HB 1336 as printed January 21, 2014.)

**BROWN T** 

#### COMMITTEE REPORT

Madam President: The Senate Committee on Homeland Security, Transportation and Veterans Affairs, to which was referred House Bill No. 1336, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, line 5, after "EMS" insert "medical".

Page 2, line 11, after "EMS" insert "medical".

Page 2, line 14, after "EMS" insert "medical".

Page 2, line 28, after "EMS" insert "medical".

Page 2, line 28, delete "trauma".

Page 2, line 29, delete "care medical".

Page 2, line 37, delete ", including neonatal transport." and insert ".".

Page 3, line 6, after "EMS" insert "medical".

and when so amended that said bill do pass and be reassigned to the Senate Committee on Appropriations.

(Reference is to HB 1336 as reprinted January 28, 2014.)

WYSS, Chairperson

Committee Vote: Yeas 8, Nays 0.



### COMMITTEE REPORT

Madam President: The Senate Committee on Appropriations, to which was referred House Bill No. 1336, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is to HB 1336 as printed February 26, 2014.)

Committee Vote: Yeas 9, Nays 0

Senator Kenley, Chairperson

